



Central Australian
Aboriginal Congress

ABORIGINAL CORPORATION | ICN 7823

Standardising the Client Follow Up Process

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Changes at Congress

Opening of new clinics at Larapinta, Sadadeen and Northside

Gap Clinic while the larger of all the clinics is not the main clinic.

A GP was no longer rostered as Dr2 who was responsible to urgent recalls.

Previously used an A4 diary as a critical follow up book to track critical follow up items.

Staffing increased to 30 doctors across all the clinics both in Alice Springs and remote clinics.



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Problems with client follow up

Doctors priorities vary

Existing critical follow up process was outside of communicate

Recalls placed in to do list but not actioned or client not followed up.

Excessive number of recalls in some client files.

Not clear who was responsible for follow up



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Actions

Survey of doctors to assess what conditions constituted high priorities

Discussion at doctors and staff meetings.

Two new procedures were reviewed and updated.

“Recall Reminder and Follow up Procedure”

“Contacting Clients Procedure”



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Recall, Reminder and Follow up Procedure

- central reference point for staff using Communicare
- recalls that should be used and what recalls are actively followed up
- important to orientate staff such as locums and registrars
- Lists: Communicare item
 - indication for use
 - who is responsible
 - frequency of action
 - locality,
 - if automated reports are generated and priority at which the recalls actioned.



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Recall, Reminder and Follow up Procedure

Communicare Item	Indication for use	Responsible Clinic/Program	Frequency of action	Responsible position	Locality	Automated reports.	Priority
FOLLOW UP; URGENT DAILY	Client needs urgent follow with 48 hours	Clinic responsible for HSA	Outstanding recall list actioned daily	Clinic Manager	HSA	Yes to clinic email	1
CRITICAL FOLLOW UP	Ensure that clients are followed up in a timely manner and avoid medico legal misadventure i.e. breast lump, exercise stress test	Clinic responsible for HSA	Outstanding recall list actioned weekly	Clinic Manager	HSA	Yes to clinic email	2
ABNORMAL CERVICAL SCREENING TEST	Used to follow up women who have had an abnormal CST	Alukura or remote clinic	Weekly recall list	Alukura Manager	All areas	Manual report	2
STI TREATMENT NT	When a client needs to return for treatment of an STI	All Clinics	Weekly report to HSA	STI Co-ordinator	All areas	Yes weekly to clinic email	2
SYPHILIS SEROLOGY	Prompt for people needing repeat syphilis serology	All Clinics	Weekly report by STI coordinator	STI Co-ordinator	All areas	Manual report	2
IRON TREATMENT	Planning and completing iron deficiency treatment in children	All Clinics	Weekly recall	Child Health Nurses	HSA	CHN to run weekly	2



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Contacting Clients Procedure.

- this links to the previous procedure to try to get the expectation of clinical staff and Aboriginal Liaison Officers aligned.
- outlines expectations
- number of visit attempts and how quickly this need to occur
- ALO referral clinical item and letter was updated to reflect these priorities



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Priority 1 – Urgent (three attempts daily)

1.1 Description	Any issue with major consequences in short term if not resolved immediately.
1.2 Urgency	Contact the client as soon as possible within <i>ONE</i> business day. Repeated attempts (three times per day to previous known addresses) to contact the client <i>must</i> be made until successful.
1.3 Examples	Significantly Abnormal Pathology: INR>5, Hb<70, hyperkalaemia, likely new syphilis infection etc. Antenatal care: High risk pregnancy, compromised child, etc. Paediatric: Requires immediate hospital care, immediate concerns for safety, etc.
1.4 Contact	<ul style="list-style-type: none">a. Staff will make urgent attempts to contact client by any meansb. Call all known numbers including emergency contact, leave voice messages at every attemptc. Utilise Messenger if an account can be locatedd. ALO to leave contact card to be left with friends/family, or known addressese. All appointments made appropriately annotated as <i>Critical</i>.f. Consider referral to Police, night patrol if significant concern for welfare
1.5 Documentation	All attempts to contact the client documented noting the method used, time it occurred and outcome. If ALO involved, daily reports to the referring doctor and clinic manager on progress in locating client. Final documentation with sign off from appropriate parties
1.6 Completion	<i>Only</i> on approval of the treating/requesting clinician or Medical Director.

Priority 2 – Standard (Daily for three consecutive days)

2.1 Description	Any issue with significant short or long-term consequences if left unresolved.
2.2 Urgency	Contact the client within <i>THREE</i> business days.
2.3 Examples	Abnormal Pathology: INR outside target range, Hb<90, 30% decrease in eGFR, new significant derangement of liver or renal function, STI's other than Syphilis, abnormal CST follow up overdue by 2 months, etc Chronic management: Significant medication changes, missed BLA in RHD, Specialist appointments with previous DNA's, etc. Acute follow-up: Wound dressings, TOL from hospital, concerns for safety, etc.
2.4 Contact	<ol style="list-style-type: none">Three attempts to call or visit the patient by the ALO.SMS to be used in addition to phone callsA contact card to be left with friends/family, if appropriate.All appointments made appropriately annotated as <i>Critical</i>
2.5 Documentation	All attempts to contact the client documented noting the method used, time it occurred and outcome. Final agreement to cease pursuit of client by treating or requesting clinician or clinic manager.
2.6 Completion	After three attempts at contact and feedback to treating/requesting clinician.

Priority 3 – Single Attempt

Description	Minor issues that have no significant short-term consequences to the client but the client should be informed.
Urgency	Client should be made aware that they should come to the clinic when they are able to.
Examples	Abnormal pathology, overdue immunisations, minor wound follow up, chronic disease checks..
Contact	<ul style="list-style-type: none">a. Single phone call or SMSb. If required, single ALO contact.c. Contact card left with friends/family, if appropriate.d. Letter to client to book appointment.
Documentation	All attempts to contact and/or visit to be documented in Communicare A calling card will be left at home address if client not at home.
Completion	After one phone call and/or visit (if warranted).

Priority 4 – Opportunistic or Routine Reminders

Description	Recalls which can wait until next visit to the clinic or are part of a screening or preventative health programs
Urgency	Elective or can wait until the client next presents to the clinic
Examples	Normal or mildly abnormal or borderline pathology, missed appointments, overdue immunisations, Health checks, routine cervical screening test, chronic disease checks, etc.
Contact	Only when client presents to the clinic Or as part of a health promotion activity direct contact such as SMS or letter could be considered
Documentation	Recall to be recorded on 'to do list' in Communicare unless other reminders already available
Completion	Single attempt as part of consultation or health promotion activity

Outcome

- staff will more uniformly use recalls appropriately
- ALOs have better understanding of what to do when asked to find a client.
- Intergrate the priority system into our ALO referral item and ALO referral letter.
- Ongoing induction and orientation to the recall system.



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Thank you.

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